J-3602A

Attorney Docket Number

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

J di mai

DEGLADATION FOR	LITUITY OD			<del>_</del>
DECLARATION FOR		First Named Inventor	Robert R	Turvey
DESIGN PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN		
		Application Number		
X Declaration Submitted OR with Initial Filing	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	November	26, 2003
		Art Unit		
		Examiner Name		
As the below named inventor, I here	eby declare that:	<del></del>		
My residence, mailing address, and cit	izenship are as stated belov	w next to my name.		
I believe I am the original and first inve	entor of the subject matter w	which is claimed and for which	ch a patent is sough	t on the invention entitled:
МЕТН	OD AND DEVICE	FOR SUSPENDING	POUCHES	
the specification of which	(Title of the l	Invention)		
x is attached hereto				
OR was filed on (MM/DD/YYYY)		as United States A	pplication Number o	or PCT International
Application Number	and was amendo	ed on (MM/DD/YYYY)	·	(if applicable).
I hereby state that I have reviewed an any amendment specifically referred to	d understand the contents of above.	of the above identified speci	fication, including th	e claims, as amended by
I acknowledge the duty to disclose info applications, material information which international filing date of the continua	became available between	patentability as defined in the filing date of the prior a	37 CFR 1.56, include application and the	ling for continuation-in-part national or PCT
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(states of America, listed below and hbreeder's rights certificate(s), or any claimed.	under 35 U.S.C. 119(a)-(d) a) of any PCT international	I application which designa by checking the box, any fe	ted at least one co preign application fo	ountry other than the United or patent, inventor's or plant
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
	·			

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: X Customer Number or Bar Code Label	281	65	OR Corr	espondence address below		
Name Kristin L.Chapman						
S.C. Johnson & Son, Inc.  Address 1525 Howe Street, MS 077						
city Racine		State W	7I	ZIP 53403		
Country USA Tele	JSA Telephone 262-260-2722			Fax 262-260-4253		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						
Given Name  (first and middle [if any]) Bobert R.  Family Name or Surname Turv			-	<u> </u>		
Inventor's Holeff Kley Signature				X 11/13/03		
Residence: City Sanford	State MI		Country USA	Citizenship USA		
Mailing Address 500 Peterson Drive						
city Sanford	State MI	2	zip 48657	Country USA		
NAME OF SECOND INVENTOR:	A petition ha	s been f	iled for this unsign	ed inventor		
Given Name (first and middle [if any])		Family N		1		
Inventor's Signature				Date		
Residence: City	State		Country	Citizenship		
Mailing Address						
	State		ZIP	Country		
City  Additional inventors are being named on thesu	State pplemental Additi					

Please type a plus sign (+) inside this box	<b></b> ▶	+
Please type a plus sign (+) illiside tills box		

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number			
Filing Date	November 26, 2003		
First Named Inventor	Robert R. Turvey		
Title	Method and Device for		
Group Art Unit			
Examiner Name			
Attorney Docket Number	J-3602A		

I hereby appoint:			
I <u>−</u> . −	7		
Place Customer   X   Practitioners at Customer Number   28165   → Number Bar Code			
X Practitioners at Customer Number 28165 Number Bar Code Label here			
X Practitioner(s) named below:	_		
Name Registration Number			
William E. McCracken 30,195			
Erin Fox 52,261			
Anthony G. Volini 48,016			
Matthew Fannin 51,268			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all			
business in the United States Patent and Trademark Office connected therewith.			
Please change the correspondence address for the above-identified application to:			
The above-mentioned Customer Number.			
Number Bar Code			
Practitioners at Customer Number Label here			
OR			
Firm or Individual Name			
Address			
Address			
City State Zip			
Country			
Telephone Fax			
	_		
l amthe:			
X Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assigned of Record			
SIGNATURE of Applicant or Assignee of Record			
Name Robert D. Hurvey			
Mul. H. A. Ta.			
Signature /// / / / / / / / / / / / / / / / / /			
Date ///3/03	t multiple		
from the state of			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit forms if more than one signature is required, see below*.			